

57426

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-002348**

GENERATOR (Generator Must Complete)

② Name **ALUMINUM CO. OF AMERICA - VERNON WORKS**
EPA NO. **C A D 0 7 4 1 2 6 6 8 1**
Address **5151 ALCOA AVE.** Phone No. **5886141**
City, State, Zip **VERNON, CA. 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES INC.**
EPA NO. **C A D 0 8 0 0 1 2 0 2 4**
Address **900 N. POTRERO GRANDE DR.**
City, State, Zip **MONTEREY PARK, CA.**

④ Alternate TSD Facility

CHEMICAL WASTE MANAGEMENT INC.
EPA NO. **C A T 0 0 0 6 4 6 1 1 7**
Address **P.O. BOX 1104 430 W. ELM AVE.**
City, State, Zip **COALINGA, CA. 93210**

SFUND RECORDS CTR
999000954

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY #7	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS ALUMINUM FABRICATION				
LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E.		<input type="checkbox"/> % <input type="checkbox"/> ppm.
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.		<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.		<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material	100	%
⑩ WASTE PROPERTIES: pH 7	<input type="checkbox"/> Toxic	<input type="checkbox"/> Flammable	<input type="checkbox"/> Corrosive/Irritant	<input type="checkbox"/> Reactive	<input type="checkbox"/> Sensitizer	<input type="checkbox"/> Carcinogen/Mutagen
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other	ALUMINUM OXIDES & WATER					
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other						

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Gump*
Signature of Authorized Agent and Title

12-11-81
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**
EPA NO. **C A D 0 2 8 2 7 7 0 3 6**
ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**
CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **12-11-81**
TIME ☐ AM ☐ PM

⑯ *John P. King*
Signature of Authorized Agent and Title

12-11-81
Date

TSD FACILITY (FACILITY OPERATOR MUST COMPLETE)

⑰ NAME **Operating TSD for** ⑱ QUANTITY (If Measured) **10000**
EPA NO. **C A D 0 8 0 0 1 2 0 2 4** ⑲ STATE FEE (If Any) _____
PHONE NO. _____

⑳ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉒ NAME _____
EPA NO. _____

㉓ *O. H. H. H.*
Signature of Authorized Agent and Title

12-11-81
Date Accepted